

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Group Art Unit 3671

Signatur

Date of Signature

I, Karie Torkilsen, hereby certify that this correspondence is being

deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 223 3-1450, on the date of my signature.

In re

Patent Application of

Timothy J. Peter, et al.

Application No. 10/721,569

Confirmation No.: 5790

Filed: November 25, 2003

Examiner: Torres, Alicia M.

"UTILITY CART FOR USE ON A LAWNMOWER"

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

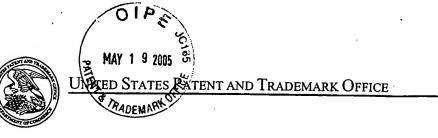
Enclosed is a response to the Office action dated May 11, 2005 (a copy is enclosed). Please find check no. 138506 in the amount of \$200 to cover the filing fees of the Amendment in the above-identified application. A courtesy copy of the amendment which was filed 5/5/05 is also enclosed along with a transmittal letter.

Charge or credit Deposit Account No. 13-3080 with any shortage or overpayment of the fees associated with this communication. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Daniel S. Jones Reg. No. 42,697

File No. 013002-9051-00 Michael Best & Friedrich LLP 100 East Wisconsin Avenue Suite 3300 Milwaukee, Wisconsin 53202-4108 414.271.6560



UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

Al	PPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	10/721,569	11/25/2003	Timothy J. Peter	013002-9051-00	5790		
,	23409	7590 05/11/2005	LLRichael, Best & Friedrich しくん	EXAMINER			
5	MICHAEL BEST & FRIEDRICH, LI 100 E WISCONSIN AVENUE	Michael RECEIVED	TORRES, ALICIA M				
\mathcal{V}^{\prime}	MILWAUKE	E, WI 53202	4444	ART UNIT	PAPER NUMBER		
		MAY 1 6 2005	MAY 162005	3671			
			DOCKETING MILWAUKEE, WI	DATE MAILED: 05/11/2005			

ve 6-21-05 Please find below and/or attached an Office communication concerning this application or proceeding.

response De 6-21-05 purbock ondacke





SERIAL NUMBER AND LING DATE	 IRST NAMED APPLICANT		ATTORNEY DOCKET NO
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INFORMALITY RE PAYMENT OF FEE
The informality regarding the payment of the fee in connection with the original filing fee the amendment filed is indicated below.
A. FEE DUE
1. The amendment is considered incomplete in that the funds in Deposit Account No are insufficient to cover the entire fee due. The balance is due within the period set below.
2. The amendment is considered an incomplete response, in that payment of \$ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is during within the period set below.
The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposi Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance of authorization is due within the period set below.
4. The filing fee of \$ submitted in this application is insufficient.
A balance of \$ is due for additional claims.
5. 💢
APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (I) MONTH FROM THE DATE OF THIS LETJER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ \(\alpha \doldo 0 \dold
B. EXCESS PAYMENT:
5. It is noted that payment of \$ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.
This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

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"UTILITY CART FOR USE ON A

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Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

		CLAIM	IS AS AMENDED				
 (1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	16	MINUS	20	0	X \$50	0.00	
INDEP. CLAIMS	5	MINUS	4	1	X \$200	200.00	
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			200.00	

A check in the amount of \$200.00 is attached.

In the event Applicants have overlooked the need to request an extension of time, please consider this a request for the same.

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